

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm		1/00	som Natural Food MKT	Telephone Number 4/2-941-0080	Date of Ir (mm/dd/y	
Establishme	ent Addres	s (nur	nber and street, city, state, zip code)		14/3	0/19/11/2
3003	3-B C	<u> Tha</u>	nber and street, city, state, zip code) rlestown RX New Albany, IN 47156	502-1102-	1/7	11 242
Owner Rob Averbach				Purpose:	Follow-u	· Indaw
Owner's Ac		טרו	Crocs	1. Routine 2. Follow-up	A/O	y of Violations:
<u> </u>		•		3. Complaint	Summar	y of violations.
Person in C	harge ,	Ni	KKi Pulfer	4. Pre-Operational 5. Temporary	CO NC R	
Responsible	Person's	E-mai	ı.	6. HACCP	Menu Ty	ype (See back of page)
Certified Fo	ood Manag	er		7. Other (list)	1 2	$2\sqrt{3}$ 4 5
			Ki Pulfer			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC_	R	Narrative			To Be Corrected By
431	NC		Observed assorted nuts on	ground under 6	o/K	2 days
			nuts sin. Observed	desiis on bot	40 h	¢ .
			Shelf on of enclosed fre	eres in lobby		<u> </u>
				<u> </u>		
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	4 3					
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Received by	y (name and	i title j	printed):	Inspected by (name and title p		
Maa	aapr-	- 1	sikki Huter	Thomas Snid	v, E	<i>`#S</i>
Received by (signature): Inspected by (signature):						
		<u> </u>	Allely	Home of	in-	~
cc:	Ŭ		Cc:		cc:	